

**For questions regarding accident reporting, please contact the Safety Office at 256-895-1583 (cell 256-425-3715), 256-895-2562, or 256-895-1225. Please review the latest edition of our Accident Reporting Work Instruction at the ISO INTRANET link below:**

[https://kme.usace.army.mil/CE/QMS/Lists/QMSDocumentLibrary/Center%20-%20HNC/CEHNC-WI-64-02\\_Accident\\_Reporting\\_Revised\\_40ct11\\_%2020111004.doc](https://kme.usace.army.mil/CE/QMS/Lists/QMSDocumentLibrary/Center%20-%20HNC/CEHNC-WI-64-02_Accident_Reporting_Revised_40ct11_%2020111004.doc)

**Instructions for Completing the Civilian Accident Report  
DA Form 285-AB, FEB 2009  
Abbreviated Ground Accident Report  
(AGAR) is a three-page fill-in-the-block/narrative form used for  
reporting specific ground accidents  
IAW AR 385-10 and DA PAM 385-40**

**Summary of Reporting Requirements**

**All Accidents**

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**All accidents** (regardless of accident class or personnel duty status) **must be reported** to the local safety office and to the immediate commander or supervisor whose operation, personnel, or equipment is involved.

**Accident Classification Criteria**

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**Accident**.....An unplanned event or series of events, which results in one or more of the following:  
NOTE: Revisions to cost thresholds for accident severity classification were incorporated in the Accident Reporting Work Instruction (CEHNC-WI-64-02) on 13 October 2009 (guidance received from The Under Secretary of Defense Memorandum, 5 October 2009, subject: Revision to Cost Thresholds for Accident Severity Classification).

**Class A**.....Resulting total cost of USACE or USACE contractor property damage\* threshold is from \$500,001 to \$2,000,000.00 or more; an USACE aircraft is destroyed, missing, or abandoned, or an injury and/or occupational illness results in a fatality or permanent total disability to the USACE military or Civilian personnel or contractor personnel. Class A accidents are recordable and require a Preliminary Accident Notification (PAN), a Report of Serious Accident (ROSA), an accident investigation report, and a Board of Investigation.

**Class B**.....Resulting total cost of property damage\* threshold is from \$50,001 to \$500,000; a nonfatal injury or occupational illness to USACE Military or Civilian personnel or contractor personnel that results in permanent partial disability, or when 3 or more personnel are hospitalized as inpatients as a result of a single occurrence. Class B accidents are recordable and require a Preliminary Accident Notification

(PAN), a Report of Serious Accident (ROSA), an accident investigation report, and a Board of Investigation.

**Class C.**.....Resulting total cost of property damage\* threshold is from \$2,001 to \$50,000; a nonfatal injury or occupational illness to USACE Military or Civilian personnel or contractor personnel that causes one or more days away from work or training beyond the day or shift on which it occurred, or disability at any time (that does not meet the definition of Class A or B and is a lost workday case). Class C accidents are recordable and require a Preliminary Accident Notification.

**Class D.**.....Resulting total amount of property damage\* threshold is up to \$2,000; a non-fatal injury or occupational illness to USACE Military or Civilian personnel or contractor personnel resulting in restricted work, transfer to another job, medical treatment greater than first aid, needle stick injuries, and cuts from sharps that are contaminated from another person's blood or other potentially infectious material, medical removal under medical surveillance requirements of an OSHA standard, occupational hearing loss that meets OSHA recordability criteria, or a work-related tuberculosis case. Class D accidents are recordable and require a Preliminary Accident Notification and an accident investigation report.

Other Recordable Accidents.....Any other accident that results in an injury or illness to a member of the public or damage to private/public property due to Corps of Engineers or Corps contractors (on-site) operations which result in a total cost of property damage of \$200,000 or Engineers or Corps contractors (on-site) operations which result in a total cost of property damage of \$200,000 or more, or an injury and/or illness results in a fatality or permanent total disability. These accidents are reportable and require a Preliminary Accident Notification, accident investigation, and BOI.

**\*Property damage examples - rental cars, leased items/equipment, GSA property, Huntsville Center (HNC) property, installation property, land owner property. Report all accidents involving rental cars to the Office of Counsel (OC) at HNC.**

## Detailed Instructions for Completing the AGAR

Type or print all entries. Continue on blank sheets of paper if necessary, indicating the date of accident, the unit/activity accountable for the accident, and the blocks being continued. For accidents involving more than one person, the entire form will be completed on the most responsible reportable person. **An additional AGAR with Blocks 1 through 5, and 11 through 37 (38 if applicable) will be completed for each additional person who contributed to the cause of the accident or was injured in the accident sequence.** The instructions are keyed to block numbers. **Information not covered in this guide can be found in DA Pam 385-40.**

### 1. Block 1. Date and time of accident.

- a. Enter the year (e.g., 2012)
- b. Enter the month (e.g., 01)
- c. Enter the day (e.g., 03)
- d. Enter the local military time (e.g., 1430)

**2. Block 2,** Period of day. Check the block that best describes when the accident occurred (day or night). Day is from first light to full night (dark). Night is from full dark (full night) to first light. Dawn is the period between beginning of morning nautical twilight (BMNT) and official sunrise. Dusk is the period of time between official sunset and end of evening nautical twilight (EENT).

**3. Block 3. Accident Class.** Enter the accident's classification: A, B, C, or D. (See definitions above or in AR 385-10, Chapter 3).

**4. Block 4.** Combat status. Check whether or not the accident occurred during combat. Combat should be checked if the accident occurred in a theater of hostile fire or enemy action, but not as a result of such fire/action. This includes direct preparation for combat, actual combat, or redeployment from a combat theater immediately following combat.

**5. Block 5. Unit Identification.** Enter information for the unit or organization responsible for the accident. Guidance for determining accident accountability can be found in AR 385-10, paragraph 3-9.

a. Block 5a. Enter the **six-digit** unit identification code (UIC) for the specific organizational unit or activity responsible for the accident (e.g., WXXXXX). **For HNC, the UIC is W2V6AA.**

b. Block 5b. Unit address. Enter the full military address of unit/organization (e.g., B Company, 2/18 Cavalry, Ft. Bragg, NC XXXXX-XXXX). **For HNC, the address is 4820 University Square, Huntsville, AL 35816.**

c. Block 5c. Unit's Branch. Enter the abbreviation of Army branch the unit is affiliated with (e.g., Armor, Infantry, Engineer, etc.,) Army branches are listed in Table 4-2. **For HNC, CEHNC-ED, etc.**

d. Block 5d. Army Headquarters. Enter the abbreviation for the Army command, Army Service Component Command, or Direct Reporting Unit that the unit/activity belongs to (e.g., Army Materiel Command [AMC], U.S. Army Europe and 7th Army, Forces Command, etc.,) **For HNC, U.S. Army Corps of Engineers.**

**6. Block 6. Location of the accident.**

a. Block 6a. Enter the exact location of the accident (e.g., building number, street name and address, distance from nearest landmark, etc.)

b. Block 6b. Enter one code for primary function of the accident location, see Table 4-3.

c. Block 6c. Enter the grid coordinate or latitude/longitude for the accident location.

**Accidents occurring at 4820 University Sq, HNC – (latitude = 34.42 and longitude = -86.35)**

d. Block 6d. Enter the state or country if outside the United States.

e. Block 6e. Indicate whether the accident occurred on or off post, and if on post, enter the name of the installation/activity.

**7. Block 7.** Explosives/Ammunition. Check if explosives, ammunition, or pyrotechnics were involved. Involved meaning the explosives/ammunition had a causal or contributing role in the accident, to include severity of damage or injury/occupational illness. If "Yes" is checked, provide the information specified in DA PAM 385-40, paragraph 5-3, in blocks 9, 39, 42, and the synopsis. Check the appropriate fields in block 39 if the explosive/ammunition was exposed to significant environmental conditions and describe in block 40.

**8. Block 8. Mission.**

a. Block 8a. Briefly describe the mission the individual or unit was conducting at the time of the accident. If off duty, state so.

b. Block 8b. Was the task a Mission Essential Task List task? Check the appropriate box.

**9. Block 9.** Vehicle/Equipment/Materiel Involved. “Involved” means vehicle/equipment/materiel/property that is damaged, whose use or misuse contributed to the accident or whose materiel failure/malfunction caused and/or contributed to the accident. Include Army and non-Army equipment/materiel. Use one line for each piece of equipment or item and enter the requested information. Continue on blank paper if necessary (be sure to annotate the block number).

- a. Block 9a. Enter the name of the equipment /materiel involved.
- b. Block 9b. Enter the equipment model.
- c. Block 9c. Enter the equipment serial number (if applicable).
- d. Block 9d. Indicate who owns the vehicle/equipment/materiel (e.g., DOD, DA, Unit, POV, etc.).
- e. Block 9e. Enter an estimate of the damage cost for the piece of equipment listed in Block 9a.
- f. Block 9f. From the list below select the type(s) of collision in which this property/materiel was involved. More than one collision type might be appropriate for the property/materiel. If so, enter up to three, in sequence, in the space provided. If “Other” is selected, specify what type of collision in the space provided. If no collision was involved, leave blank.

- 1 = Going forward and collided with moving vehicle
- 2 = Going forward and collided with parked vehicle
- 3 = Collision while backing
- 4 = Collision with pedestrian
- 5 = Collision with object (other than vehicle/pedestrian)
- 6 = Overturned
- 7 = Ran off road
- 8 = Jackknifed
- 9 = Going forward & rear-ended with moving vehicle
- 10 = Going forward & rear-ended stopped vehicle
- 11 = Collision while turning
- 12 = Other (specify)

**Note:** If the item in block 9a experienced a materiel failure/malfunction that caused or contributed to the accident, complete blocks 9g-9l and block 10. If not, skip to block 11.

g. Block 9g – 9l, Materiel malfunction/failure information. Enter the code that indicates how the component/part failed/malfunctioned (mode of failure, see Table B-3 below). Complete items g through l for each component/part whose failure or malfunction contributed to the accident. Annotate whether an EIR/PQDR (SF 368) was prepared and submitted through appropriate channels for each component/part.

**Table B-3**  
**Material Failures/Malfunctions**

|                             |   |
|-----------------------------|---|
| <b>Code:</b> M01            |   |
| <b>Keyword/Explanation:</b> | Overheated/burned/melted. Key words: blister, boil, carbonize, char, flame, fuse, or glaze. Excessive heat caused material or equipment to fail or malfunction. |
| <b>Code:</b> M02            |   |
| <b>Keyword/Explanation:</b> | Froze (temperature). Key words: congeal or solidify. Excessive cold caused material/equipment to fail/malfunction.  |
| <b>Code:</b> M03            |   |
| <b>Keyword/Explanation:</b> | Obstructed/pinched/clogged. Key words: block, crimp, or restrict. Function of materiel or equipment was hindered or completely cut off by an obstacle.          |
| <b>Code:</b> M04            |   |

|   |   |
|---|---|
| <b>Keyword/Explanation:</b>                     | Vibrated. Key words: oscillate or shake. Side-to-side or forward-and-backward movement of materiel or equipment caused it to fail or malfunction.   |
| <b>Code: M05</b><br><b>Keyword/Explanation:</b> | Rubbed/worn/frayed. Key words: abrade, chafe, fret, groove, score, or scrape. Friction-producing movement was applied to materiel or equipment to such an extent that it failed or malfunctioned.                       |
| <b>Code: M06</b><br><b>Keyword/Explanation:</b> | Corroded/rusted/pitted. Key words: erode or oxidize. Gradual wearing away (usually by chemical action) of materiel or equipment to such an extent that it failed or malfunctioned.                                      |
| <b>Code: M07</b><br><b>Keyword/Explanation:</b> | Overpressured/burst. Key words: balloon, bulge, explode, rupture, or swell. Steady or abrupt force was applied over the surface of materiel or equipment to such an extent that it failed or malfunctioned.             |
| <b>Code: M08</b><br><b>Keyword/Explanation:</b> | Pulled/stretched. Key word; elongate. Steady or abrupt force applied to materiel or equipment caused it to move toward the force, in whole or in part, to such an extent that it failed or malfunctioned.               |
| <b>Code: M09</b><br><b>Keyword/Explanation:</b> | Twisted/torqued. Key word: turn. Steady or abrupt application of twisted forces caused materiel or equipment to fail or malfunction.  |
| <b>Code: M10</b><br><b>Keyword/Explanation:</b> | Compressed/hit/punctured. Key words: chip, collapse, crush, dent, nick, pinch, press. Steady or abrupt application of force that presses/impacts materiel or equipment causing it to fail or malfunction.               |
| <b>Code: M11</b><br><b>Keyword/Explanation:</b> | Bent/warped. Key words: bow or buckle. Changing materiel or equipment from an original straight, level, or even condition through the application of force to such an extent that it failed or malfunctioned.           |
| <b>Code: M12</b><br><b>Keyword/Explanation:</b> | Sheared/cut. Key words: chop or sever. Failure or malfunction was caused by steady or abrupt force applied to materiel, resulting in a break with the two parts sliding parallel to each other in different directions. |
| <b>Code: M13</b><br><b>Keyword/Explanation:</b> | Decayed/decomposed. Key words: mildew, rot, or spoil. Chemical or biological action resulted in a gradual decline in materiel or equipment strength to such an extent that it failed or malfunctioned.                  |
| <b>Code: M14</b><br><b>Keyword/Explanation:</b> | Electric current action. Key words: short, arc, fusing, grounding, amperage, voltage, surge. Action of electric current caused materiel or equipment to fail or malfunction.  |
| <b>Code: M15</b><br><b>Keyword/Explanation:</b> | No defect but does not meet the mission requirements.   |
| <b>Code: M97</b><br><b>Keyword/Explanation:</b> | Insufficient information to determine type of failure.  |

**10. Block 10.** Why Did the Materiel Fail/Malfunction (Root Cause)? Materiel failures/malfunctions can be caused by the shortcomings of support. *Specific causes may include:*

a. Block 10a Support - Shortcomings in type, capability, amount, or condition of equipment, supplies, services, or facilities (equipment/materiel not provided or improperly designed, inadequate

manufacture or maintenance, or inadequate facilities/services).. Determine the underlying reason (root cause(s)) the materiel failed/malfunctioned and check accordingly (see Appendix B.)

**b.** Block 10b. Describe how the materiel failed/malfunctioned and explain why (i.e., explain mode of failure from block 9g and root cause). Example: Block 9g = M05, and Block 10a = “Support – Equip/Material improperly designed,” enter why the improper design caused the material to fail or malfunction by friction producing movement.

**Note:** One complete form is required. If more than one individual is involved, submit an additional form, completing only blocks 1-5 and 11-37 (38 if applicable) for each person. Involved means any person who was injured or who took actions or made decisions that caused or contributed to the accident.

**11. Block 11.**

**a. Block 11a.** Enter last name, first name, and middle initial of involved person. Include unit name, address, and UIC if it is **different** from block 5a.

**b. Block 11b.** Enter home address of individual in 11a.

**12. Block 12.** Enter the **SSN (last 4 digits ONLY)** example: 000-00-\_\_\_\_ of the individual listed in block 11.

**13. Block 13.** Personnel Classification.

**a.** Block 13a, Enter the code for the classification (at the time of the accident) of the person listed in block 11. See Table 4-5.

**b.** Block 13b, Date assigned/hired. For DOD personnel, enter the date the individual was assigned/hired at the unit/organization.

**c.** Block 13c. Indicate the date of redeployment, if applicable.

**14. Block 14.** MOS/job series. For Army personnel, enter the full MOS or job series of the individual; e.g., 63B10, GS-0018-14, etc.

**15. Block 15.** Duty status.

**a.** For DOD personnel, check the appropriate box to reflect the duty status at the time of the accident of the individual listed in block 11. (See Glossary in DA Pam 385-40 for definitions of on- and off-duty status). *(This determination applies for safety accident reporting purposes only, and has no relation to compensability or line-of-duty decisions.)*

**b.** If the Soldier was on leave or pass at the time of the accident, check the box and enter the inclusive leave/pass dates (e.g., 20080705).

**16. Block 16.** Enter the date of birth for the individual listed in block 11.

**17. Block 17.** Enter the gender for the individual listed in block 11 (“M” for male or “F” for female).

**18. Block 18.** For DOD personnel, enter the rank/pay grade for the individual listed in block 11 (e.g., GS-11, WG-8, E5, O3).

**19. Block 19.** Check the appropriate box (for government personnel only) to indicate the military flight status of the individual listed in block 11.

**20. Block 20. Most Severe Injury/occupational illness.** For the individual listed in block 11, complete Blocks a through d for the most severe injury/occupational illness.

**a. Block 20a, Degree.** Enter the code that indicates the severity of the injury/occupational illness to the individual list in block 11 from the table below. If more than one applies, enter the most severe.

See Glossary for definitions.

**a** = Fatal

**b** = Permanent Total Disability

**c** = Permanent Partial Disability

**d** = Days Away From Work

**e** = Restricted Work Activity (Light duty, profile, etc.)

**f** = Medical Treatment Beyond First Aid (Includes cases of loss of consciousness, needle stick/cuts from sharps, etc...)

**g** = First Aid Only

**h** = No injury/occupational illness

**b. Block 20b, Injury/illness Type.** Enter the code below that best describes this person's most serious injury/occupational illness type.

**A** - Burns (chemical)

**B** - Burns (thermal)

**C** - Amputation

**D** - Decompression sickness

**E** - Asphyxiation (suffocation)

**F** - Fractures

**G** - Dislocation

**H** - Abrasions

**I** - Concussion

**J** - Sprains/strain

**K** - Cuts/lacerations

**L** - Contusion

**M** - Puncture wound

**N** - Hernia, rupture

**O** - Frostbite

**P** - Heatstroke

**Q** - Heat exhaustion

**R** - Noise injury

**S** - Needle sticks or cuts from sharps

**T** - Loss of consciousness

**U** - Other (specify)

**c. Block 20c, Body Part.** Enter the code below that best describes the most seriously injured part of this person's body. Body part entered here should be the one with the injury indicated in previous block.

**A** - Body (General, cannot specify)

- B** - Head
- C** - Forehead
- D** - Eyes
- E** - Nose
- F** - Jaw
- G** - Neck
- H** - Trunk
- I** - Chest
- J** - Heart
- K** - Back
- L** - Shoulder
- M** - Arms
- N** - Wrist
- O** - Hand
- P** - Fingers
- Q** - Leg
- R** - Knee
- S** - Ankle
- T** - Foot
- U** -Toes
- V** - Other

**d. Block 20d, Cause.** Enter the code below that best describes the cause of the most serious injury/occupational illness to this individual.

- A** - Struck against
- B** - Struck by
- C** - Fell from elevation
- D** - Fell from same level
- E** - Caught in/under/between
- F** - Rubbed/abraded
- G** - Bodily reaction
- H** - Overexertion
- I** - Exposure
- J** - External contact
- K** - Ingested
- L** - Inhaled
- M** - Thrown from

**21. Block 21. Lost time**

**a. Block 21a, Days hospitalized.** Enter the actual or estimated total number of days this individual will be hospitalized (inpatient/admitted) receiving treatment. Days hospitalized for “observation only” are only included if they miss a day of work.

**b. Block 21b, Day lost not hospitalized.** Enter the estimated or actual number of days this individual will be away from work (totally unable to perform any work, on bed rest/quarters, convalescence leave, or time a physician indicated that the individual could not work regardless of whether the individual was scheduled to work). Count all calendar days including weekends and

holidays. For example, if the individual was injured on Friday and the individual could work on Monday, if the physician or licensed health care professional indicated they should not work over the weekend, enter 2 days. If there is no information from the physician, enter 0 days. No more than 180 calendar days are required to be annotated.

**c. Block 21c, Days restricted.** Enter the actual or estimated number of days the individual was unable to perform one or more routine job functions (regularly performed by the individual at least once per week), or could not work a full work day they would otherwise have been scheduled to work; or a physician or licensed health care professional recommends that the employee not perform one or more routine function of his/her job. Restricted work activities include light duty, profiles and job transfers.

**d. Block 21d, Treated in ER.** Check if this individual was treated in an emergency room, otherwise leave blank.

## **22. Block 22.**

**a. OSHA Log 300 Case Number.** For injured personnel, enter the OSHA Log 300 case number for the individual listed in block 11. (Note: Does not apply to off-duty Army civilian personnel/*Optional for military personnel*).

**b. Enter the name of the physician or other health care professional who treated the individual.**  
*Optional for military personnel.*

**c. If treatment was given away from the worksite, enter the name and address of the facility.**

**23. Block 23. Activity Code.** Enter the code that best describes this individual's activity at the time of the accident. Complete block 38 if the activity is parachuting.

- A** Soldiering
- B** Combat soldiering
- C** Physical training
- D** Weapons firing/handling
- E** Engineering or construction
- F** Communication
- G** Security/law enforcement
- H** Fire-fighting
- I** Patient care
- J** Test/study/experiments
- K** Educational
- L** Information and art
- M** Food and drug inspection
- N** Laundry/dry cleaning services
- O** Pest/plant control
- P** Operating vehicle/vessel
- Q** Handling animal
- R** Maintenance/repair/ servicing
- S** Fabricating
- T** Handling material/ passengers
- U** Janitorial/housekeeping, grounds keeping
- V** Food/drink preparations
- W** Supervisory
- X** Off ice

- Y Counseling/advisory
- Z Sports
- AA Hobbies
- BB Passenger
- CC Human movement
- DD Horseplay
- EE By-standing/spectating
- FF Personal hygiene/ eating/sleeping
- GG Parachuting

**24. Block 24.** Briefly describe this individual's activity at the time of the accident. For example, the Soldier was a right rear passenger in the vehicle at the time of the accident; the individual was performing maintenance on a split rim tire in the maintenance shop, etc.

**25. Block 25. Personal Protective Clothing and Equipment (PPE).** If PPE is not required and was not used, skip to block 26. Check block for the type of personal protective equipment that was required or used. Check "Yes" if it was available. Otherwise, check "No" and explain in block 40. Check "Yes" if the equipment was used. Otherwise, check "No." If it was not used and it was required and available, be sure to include the failure or error in the appropriate blocks and explain in block 40. NOTE: Restrain systems are those such as the Gunner's Restraint System in military vehicles.

**26. Block 26.** Check the appropriate box to indicate whether or not this individual's use of alcohol or drugs (include prescription, over the counter, supplements or illegal drugs) caused or contributed to the accident. If "Yes" is checked, explain in block 40.

**27. Block 27.** Equipment this Person was associated with. Enter the item number (e.g., #1, #2) from block 9 that indicates which piece of equipment this individual was associated with.

**28. Block 28.** Licensed to Operate Equipment.

a. Block 28a. If this individual was operating a vehicle or equipment (at the time of the accident) that required a license, complete the following information. Check the appropriate block. If no, skip to block 29.

b. Block 28b. Check "Yes" if the individual has attended the mandatory 4 hours of classroom instruction in traffic safety and indicate the date of the training. Otherwise, check "No."

c. Block 28c. If the individual was operating a motorcycle in this accident, check yes if the individual is motorcycle safety foundation certified and enter the date. Otherwise, check "No."

**29. Block 29. Duty Hours.**

a. Block 29a. Enter the time the Soldier or employee began work.

b. Block 29b. State how many continuous hours this individual was on duty without sleep before the accident.

**30. Block 30.** Hours Sleep. Enter the number of hours of sleep (cumulative) this individual had in the past 24 hours.

**31. Block 31.** Tactical Training. Indicate whether the activity listed in blocks 23 and 24 was part of tactical training. Field exercise and tactical training begin when the individual reports to his or her primary duty location for movement to the field site and ends when he or she arrives back at the primary duty location from the field.

**32. Block 32.** Type Training Facility. If the individual was participating in any type of training, enter the code for the type of training facility being used. If not applicable, leave blank.

Code/Facility

- A = Garrison
- B = Local training area
- C = Major training area
- D = NTC
- E = JRTC
- F = CMTC
- G = Standard range facility/live fire
- H = Other (specify)

**33. Block 33.** Last Training. For the activity specified in blocks 23 and 24, enter the number of months since the last time the individual received training prior to the accident.

**34. Block 34.** Named exercise. Check “Yes” if activity listed in blocks 23 and 24 was part of a field exercise or a named operation. Indicate the name of the exercise or operation (major and local field training exercise) if it has a name (e.g., Team Spirit, Gallant Eagle). Check “No” if activity was not part of a field exercise or named operation.

**35. Block 35.** Night Vision System. Indicate if night vision systems (devices) were being used by this individual at the time of the accident (e.g., night vision goggles, AN/PVS–5–A). If used, specify the type. If they caused or contributed to the accident, explain in Block 40.

**36. Block 36.** Individual Mistake(s) that Caused/Contributed to the accident or severity of injury or occupational illness/damage.

a. Block 36a. In your opinion, did this individual make a mistake(s) that caused and/or contributed to the accident? If the answer is YES, complete Blocks 36b, 36c, and Block 37. If NO, skip to Block 39.

b. Block 36b. Enter the code from Appendix B, Table B-2, which best indicates the type of mistake made by this individual (the Task Error [TE], one TE per finding, there may be multiple codes for multiple findings).

c. Block 36c. Describe the mistake and how it caused/contributed to the accident. Be specific; e.g., block 36a = “YES”; block 36b = “52”; block 36c = “M109A3 howitzer driver trainee was being ground guided into parking space. When given the signal to stop, driver moved his foot left to apply brakes and depressed upper level of accelerator pedal instead (improper braking—improper foot placement on pedal). Consequently, the vehicle ran over the ground guide’s foot and fractured it.” Attach continuation sheets as needed.

**37. Block 37.** Why the Mistake(s) was made (system inadequacies/root cause [SI]). Mistakes can be caused by shortcomings of support, standards/procedures, training, leaders, or the individual. Specific causes include:

- Support - Shortcomings in type, capability, amount or condition of equipment, supplies, services, facilities, and number and type personnel.
- Standards/procedures - Standards/procedures not clear or not practical or standards/procedures do not exist.
- Training - School training, Unit training, or Experience/On-the-Job training insufficient in content/amount.
- Leader - Direct, Unit Command, or Higher Command Supervision not ready, willing, or able to enforce known standards.
- Individual - Soldier knows and is trained to standard but elects not to follow standard (self-discipline—mistake due to own personal factors).

a. Block 37a. Identify why the mistake was made (specific root cause(s)). See Appendix B-5 for definitions. Check the box next to the associated root cause (multiple boxes can be checked).

b. Block 37b. Describe the root cause(s) and tell how it/they caused the mistake. See Appendix B-5 for explanations. For example, if block 37a = "Support - Equip/Materiel Improperly Designed," then block 37b might say something like, "Design of accelerator pedal on M109 series, unlike M110, consists of two distinct levels with upper level immediately adjacent to brake pedal. As a result, when M109A3 howitzer driver was given the signal to stop, he moved his foot left to apply brakes and depressed upper level of accelerator pedal instead (SI-11) (which caused the TE, improper braking—improper foot placement on pedal)." Attach continuation sheets as needed.

**38. Block 38.** Parachuting information. If the activity for the individual listed in block 11 is parachuting, complete blocks 38a through q.

- a. Jumper Height – In inches (example - 5'8" would be 68")
- b. Jumper Weight – In pounds (round up at > 1/2 lb or 8 ozs, example - 168 1/2 lbs would be rounded up to 169 lbs)
- c. Type of Jump – Static line, non-tactical; static line, mass tactical (night or day); freefall, non-tactical; freefall, tactical (night and day)
- d. Parachute Type/Model – Self explanatory
- e. Equipment – List type equipment (For example, rucksack (ALICE), weapon, LBE, AIR PAC)
- f. Weight of Equipment – Give approximate weight of jumper's equipment, in pounds
- g. Wind Direction/Speed - Jump height, drop zone – What was the wind direction (in degrees) and speed (in knots) at jump altitude and on ground when jumper exited aircraft?
- h. Jump Altitude – Altitude jumpers' exited aircraft (in feet)
- i. Position in the Stick – What number in stick was jumper to exit the door?
- j. Door Exited – Self explanatory
- k. Time Pre-jump Conducted – Date and time (time in Zulu)
- l. Date of Last Jump – Self explanatory
- m. Type of Last Jump – See letter c above
- n. Number of Previous Jumps – Self explanatory
- o. Date Graduated from Basic Airborne Training – (yyyymmdd)
- p. Type Aircraft – Self explanatory
- q. Accident Factors (parachute) - improper exit, static line injury, broken static line, parachute

malfunction, entanglement, lost/stolen air, oscillation, unstable position, dragged on drop zone, tree landing, drop zone hazard (specify), or other. Explain as necessary.

**39. Block 39.** Environmental conditions. Enter the code(s) (no more than three from the list below) to indicate the conditions present at the time of the accident. Also indicate if the condition caused or contributed to the accident by checking the Caused/Contributed block b, and, if YES, explain in Block 40.

Code/Condition

- A = Clear/dry
- B = Bright/glare
- C = Dark/dim
- D = Fog/condensation/frost
- E = Mist/rain/sleet/hail
- F = Snow/ice
- G = Dust/fumes/gasses/smoke/vapors
- H = Noise/bang/static
- I = Temperature/humidity (cold/heat)
- J = Storm/hurricane/tornado
- K = Wind/gust/turbulence
- L = Vibrate/shimmy/sway/shake
- M = Radiation/laser/sunlight
- N = Holes/rocky/rough/rutted/uneven
- O = Inclined/steep
- P = Slippery (not due to precipitation)
- Q = Air pressure (bends, decompression, altitude, hypoxia)
- R = Lightning/static electricity/grounding
- S = Electromagnetic radiation (EMR)
- T = OTHER (specify)

**40. Block 40.** Synopsis. Provide a brief synopsis of the accident explaining what and how the accident happened. If need be, continue on a separate sheet of paper annotating the block number and attach it to the report. The synopsis should include the events leading up to the accident, the actual accident sequence, and the post accident scene and actions. For example, if a Soldier was involved in an off-duty POV accident, be sure to indicate where the Soldier was going, where he/she was coming from, etc. Also, please include the following information:

**FOR on-duty accidents:**

- At what level was the mission/training conducted (individual, crew, squad, platoon, company, battalion, brigade, etc.)?
- Was composite risk management performed (CRM)?
  - Who performed (rank/position)?
  - Who accepted the risk (rank/position)?
  - What was the level of risk after controls were applied (Low, Moderate, High, Extremely High)?
  - How was the CRM process communicated? (Select one or more of the following: order/worksheet/verbal brief/not communicated)

- Was the accident event identified or considered during the CRM process (Yes/No)?
- If yes, what was the identified level of risk (Low, Moderate, High, Extremely High)?
- If yes, who was responsible for implementing control(s) (rank/position)?
- If yes, was the accident event accepted as residual risk (Yes/No)?
- Who was in charge during the mission/training (rank/position)?
- Who was the senior leader present during the mission/training (rank/position)?

**FOR off-duty accidents:**

- Indicate whether the Soldier was on leave, pass, or PCSing, or TDY? If so,
  - How long was the Soldier on leave/Pass when the accident occurred?
  - Did the accident occur while the Soldier was enroute to/from his/her destination?
- Was the Soldier deployed within the 365 days prior to the accident (yes/no)? If yes,
  - When did the Soldier return from the deployment?
  - Where was the deployment?
  - How long was the deployment?
- Was the Soldier recently notified that he/she would deploy soon?
- Was there leader contact prior to the accident (yes/no)? If yes,
  - What level of leadership?
  - What type of contact (brief, ASMIS-1, trip planning, counseling, vehicle inspection, other)
- Did the Soldier have a history of risky behavior, such as recurring traffic violations, negative counseling, extreme sports or hobbies, violent acts, or other dysfunctional events?
  - Were there other factors such as abrupt changes to training rotations or assignments that might have encouraged celebratory bingeing behavior (yes/no)? (That is, grabbing as much “fun” as possible because uncertainties in training or deployment status give the Soldier little stability to plan when he/she might have another chance for off-duty pleasures.) If so, comment.

**41. Block 41. Corrective Action(s) Taken or Planned.** Briefly describe all actions taken, planned, or recommended to eliminate, or at least reduce, the root cause(s) of this accident and prevent similar accidents from happening (see Appendix B).

**42. Block 42. Explosive/Ammunition.** If block 7 was checked “Yes,” complete blocks (a through d) as appropriate; lot numbers, quantity, net explosive weight (NEW) of all ammunition and explosives involved, and DODIC or DODAC.

**Note:** If the explosive/ammunition was exposed to significant environmental conditions, the environmental conditions should be checked in block 39, and an explanation of the conditions and their effect on the explosive/ammunition should be provided in the synopsis. Significant environmental conditions include the following: extremely high/low temperatures; electromagnetic environmental effects (E<sup>3</sup>); e.g., radiated energy (RFI) (such as being in close proximity to a radar site), electromagnetic energy (EMR), electrostatic energy or high voltage; water or high humidity; or prolonged exposure to direct sunlight.

**43. Block 43. Point of Contact.** (Supervisor’s information in this block)

**a. Block 43a.** Enter the name, rank, and position of the individual from the unit/organization who can answer questions about this accident report.

**b. Block 43b.** Enter the DSN (760 prefix) and commercial phone number for the individual listed in 43a.

**c. Block 43c.** Enter the AKO email address for the individual listed in block 43a.

**44. Block 44. Command Review.** As locally required.

44a. ANIELLO L. TORTORA

44c. COL

**45. Block 45. Safety Office Review.**

**a. Block 45a.** Enter the name, rank and title of the safety office reviewing official (usually the next higher office from individual in block 43).

VICTOR M. TAYLOR, Chief, Safety Office

**b. Block 45b.** Enter the DSN (760) and commercial phone number of the safety office reviewing official.

256-895-1583

**c. Block 45c.** Enter the AKO email address of the individual listed in 45a.

victor.m.taylor@usace.army.mil

**d. Block 45d.** Enter the date the report was reviewed.

**e. Block 45e.** Enter the local report number (safety office use only).

**Table 4-2**  
**Army Branches**

| Army Branch                    | Abbreviation |
|--------------------------------|--------------|
| Adjutant General               | AG           |
| Air Defense Artillery          | AD           |
| Armor                          | AR           |
| Army Medical Specialist Corps  | SP           |
| Army Nurse Corps               | AN           |
| Aviation                       | AV           |
| Chaplain                       | CH           |
| Chemical                       | CM           |
| Dental Corps                   | DC           |
| Engineers                      | EN           |
| Field Artillery                | FA           |
| Finance Corps                  | FC           |
| Infantry                       | IN           |
| Judge Advocate General's Corps | JA           |
| Medical Corps                  | MC           |
| Medical Service Corps          | MS           |
| Military Intelligence          | MI           |
| Military Police                | MP           |
| Ordnance                       | OD           |
| Public Affairs                 | PA           |
| Quartermaster Corps            | QM           |
| Signal Corps                   | SC           |
| Special Forces                 | SF           |
| Transportation Corps           | TC           |
| Veterinary Corps               | VC           |

**Table 4-3**  
**Types of Accident Locations**

| Code                               | Type Location  |
|------------------------------------|--|
| Maintenance/fabrication facility   |  |
| A1                                 | Vehicle facility (motor pool, maintenance shop)        |
| A2                                 | Aircraft facility (hangar)                             |
| A3                                 | Vessel facility (boat overhaul/rebuild facility)       |
| A4                                 | Engineer facility (carpentry/electrical/plumbing shop) |
| A5                                 | Other maintenance facility                             |
| Travel ways                        |  |
| B1                                 | Pedestrian way (sidewalk)                              |
| B2                                 | Vehicle trail (tank trail)                             |
| B3                                 | Roadway (street, curb, shoulder, driveway)             |
| B4                                 | Parking lot  |
| B5                                 | Aircraft way (flight line, runway)                     |
| B6                                 | Railroad   |
| Other operational facilities/areas |  |
| C1                                 | Office building  |
| C2                                 | Communications facility                                |

- C3 Construction site
  - C4 Security/law–enforcement facility
  - C5 Bridge
  - C6 Dam
  - C7 Navigation locks
  - C8 Barge
  - C9 Dredge
  - C10 Floating plant
  - C11 Vessel (not elsewhere coded)
  - C12 ARNG/Reserve armory
- 

#### Training Areas

- D1 Range—small arms/individual weapons
  - D2 Range—crew–served weapons
  - D3 Range—airial firing/bombing
  - D4 Range—infiltration course
  - D5 Dedicated nonfiring training area (obstacle/confidence course, parachute drop zone, landing zone, stagefield)
  - D6 Temporary training area (unit assembly area, bivouac area)
  - D7 Range—EOD
  - D8 Range—Tirehouse
  - D9 Urban Training
- 

#### Service facilities

- E1 Library
  - E2 Chapel/church
  - E3 Child–care center
  - E4 Post office
  - E5 Laboratory
  - E6 Medical care facility
  - E7 Fire station
  - E8 Commissary
  - E9 Post exchange
  - E10 Dining facilities
  - E11 Post exchange, service station, gas station
  - E12 Museum
  - E13 Animal–care facility
  - E14 Refuse disposal area
  - E15 Laundry/cleaning facility
- 

#### Terrain and water locations

- F1 Sloped terrain (ditch, mountain)
  - F2 Wooded terrain (forest, swamp, marsh)
  - F3 Open terrain (field, desert)
  - F4 Moving bodies of water (creek, stream, river)
  - F5 Standing bodies of water (pond, lake, ocean)
  - F6 Lake shore/beach
- 

#### Storage facilities

- G1 Storage buildings (ammunition bunker, warehouse, barn, storage shed)
  - G2 Outside storage area (POL dump, property disposal area)
- 

#### Plants and factories

- H1 Heating plant
- H2 Printing plant

- H3 Electric generating plant (includes power substations)
- H4 Ammunition/weapons manufacturing plant
- H5 Other industrial plants and factories

---

Recreation/entertainment facilities

- I1 Indoor facilities (bowling alley, gym, movie theater, swimming pool)
- I2 Outdoor facilities (playing fields, golf course, swimming pool)

---

Housing facilities

- J1 Family housing
- J2 Individual housing (BOQ, barracks, rooms)

---

Freight and passenger terminals

- K1 Airport/airfield (includes control tower)
- K2 Rail station/yard
- K3 Port/dock/wharf
- K4 Vehicle terminal (bus station, truck terminal)

---

School facilities

- L1 Kindergarten through grade 12
- L2 Army-operated technical/occupational training facilities/classrooms (aviation/maintenance school)
- L3 Non-Army-operated technical/occupational training facilities/classrooms (university/college classes)

---

Hobby shop

- M1 Auto hobby shop
  - M2 Woodworking hobby shop
  - M3 Other hobby shop
- 

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**Table 4-4**  
**Pay Grade/Rank Codes**

| Grade/Code           | Description                        |
|----------------------|------------------------------------|
| 01-10                | Commissioned officer               |
| W1-W5                | Warrant officer                    |
| E1-E9                | Enlisted service member            |
| GS1-GS18 & GM13-GM18 | DOD civilian employee              |
| WG1-WG18 & WS13-WS18 | Wage board employee                |
| NSPS                 | National Security Personnel System |
| XN                   | Foreign National                   |
| X-1                  | Foreign officer                    |
| X-2                  | Foreign enlisted                   |
| CAC                  | Contractor employee                |
| CIV                  | Non-DOD civilian                   |
| DAC                  | Department Army Civilian           |
| KAD                  | USMA                               |
| ROTC                 | ROTC students                      |
| NRPT                 | Not Reported                       |
| OC                   | WOC/OC                             |

|      |                            |
|------|----------------------------|
| UNK  | Unknown                    |
| UNKE | Unknown Enlisted           |
| UNKO | Unknown Officer            |
| OTH  | Personnel other than above |

---

**Table 4–5**  
**Personnel Classification Codes**

| Code | Description                    |
|------|--------------------------------|
| A    | Active Army                    |
| B    | Army civilian                  |
| C    | Army contractor                |
| C1   | Army direct contractor         |
| D    | Non-appropriated Fund employee |
| E0   | Other US military personnel    |
| E1   | Navy                           |
| E2   | Air Force                      |
| E3   | Marine Corps                   |
| F0   | Foreign Military               |
| F1   | Foreign National Direct Hire   |
| F2   | Foreign National Indirect Hire |
| F3   | Foreign National KATUSA        |
| F4   | Foreign Military Attached      |
| G    | Dependent                      |
| M    | Government, Other              |
| NO   | National Guard                 |
| N1   | NG Tech                        |
| N2   | NG IDT                         |
| N3   | NG AT                          |
| N4   | NG ADSW                        |
| N5   | NG AGR                         |
| N6   | NG ADT                         |
| N7   | NG Activated                   |
| O    | Other                          |
| P    | Public                         |
| RO   | Reserve                        |
| R1   | Reserve IDT                    |
| R2   | Reserve AT                     |
| R3   | Reserve ADT                    |
| R4   | Reserve FTM                    |
| R5   | Reserve Tech                   |
| R6   | Reserve Activated              |
| R7   | Reserve AGR                    |
| T    | ROTC                           |
| U    | Unknown                        |
| Z    | Not reported                   |

**Table B–2**  
**Ground Specific**

**Individual mistakes/task errors** - Errors made by personnel not in a supervisory capacity or a supervisor that makes an error not related to supervisory responsibilities. For example, a supervisor was injured because he failed to wear his seatbelt.

Code: 01

Keyword/explanation: Inadequate planning - Failed to properly organize or coordinate. Improper modification of the plan during execution.

Code: 02

Keyword/explanation: Improperly/failed to lock/block/secure, (for example, load).

Code: 03

Keyword/explanation: Inadequate inspection/check of vehicle or equipment (before, during, after operations check). Failed to use the appropriate checklist or TM to perform the inspection.

Code: 04

Keyword/explanation: Improper application of safety equipment, device, guard, sign, signal, or PPE. Failed to adhere to posted warning signs/signals/guards. Failed to use required safety equipment, device, guard, sign, signal or PPE.

Code: 05

Keyword/explanation: Operating while fatigued when not necessary/directed.

Code: 06

Keyword/explanation: Improper use of equipment - Did not use equipment when required. Used right equipment improperly. Used wrong equipment.

Code: 07

Keyword/explanation: Improper lifting - Used incorrect lifting technique. Failed to use appropriate assistance.

Code: 08

Keyword/explanation: Failed to take appropriate precautions for adverse environmental conditions (rain, haze, fog, snow, ice, reduced visibility).

Code: 09

Keyword/explanation: Improper body position - Hazardous position. Awkward position. Unprotected position (sleeping, eating).

Code: 10

Keyword/explanation: Improperly walked, ran, or climbed.

Code: 11

Keyword/explanation: Failed to stay alert, remain awake, or attentive to what was happening (situational awareness to environment, conditions, or operations). Failed to pay attention. Improperly divided attention. Improperly monitored. Improperly scanned. Fell asleep.

Code: 12

Keyword/explanation:

Failed to ensure adequate clearance/space (enough room) for operation.

Code: 13

Keyword/explanation: Misjudged clearance (improperly estimated/evaluated).

Code: 14

Keyword/explanation: Improper weapons and ammunition handling - Improper sighting, aiming, firing, throwing. Unauthorized use or handling. Improper carrying, lifting, transporting. Improper clearing, disarming, unloading. Improper assembling, cleaning, disassembling. Improper disposal or turn-in.

Code: 16

Keyword/explanation: Improperly pulled or pushed equipment or material.

Code: 17

Keyword/explanation: Failed to firmly grip/hold equipment/material.

Code: 18

Keyword/explanation: Inadequate improvising/troubleshooting.

Code: 19

Keyword/explanation: Inadequate crew coordination/communication.

Improper actions sequence - improper sequencing or timing of actions with other crewmembers; for example, driver initiated vehicle movement before receiving clearance from ground guide or senior occupant.

Failure to offer assistance, information, or warning, (for example, driver failed to warn other crewmembers of impending hazard (rollover)).

Lack of positive communication, (for example, transmission, acknowledgement, or confirmation using standard terminology with specific qualifiers); (for example, tank commander failing to confirm crewmembers were clear before traversing turret).

Failure to announce decision/action that affects other crewmembers' duties, (for example, occupant failed to announce to the driver their decision to dismount the vehicle during a momentary halt).

Failed to direct/request assistance from other crewmembers, (for example, although neither track command (TC) nor driver could see, the TC failed to direct a crewmember to dismount and act as a ground guide).

Code: 20

Keyword/explanation: Improper assembly.

Code: 21

Keyword/explanation: Under the influence of drugs or alcohol.

Codes 22–39 reserved for future use.

## **VEHICLE/EQUIPMENT SPECIFIC**

Code: 40

Keyword/explanation: Excessive speed. Exceeding the posted speed limits. Excessive speed for conditions.

Code: 41

Keyword/explanation: Improper passing. Misjudged clearance while passing. Passing at an unsafe time or place. Failed to take precautions when passing pedestrians.

Code: 42

Keyword/explanation: Improper turning. Failed to yield the right-of-way while turning. Oversteering while turning. Improper U-Turn.

Code: 43

Keyword/explanation: Failed to yield the right-of-way other than when turning.

Code: 44

Keyword/explanation: Failed to stop at a controlled intersection.

Code: 45

Keyword/explanation: Improperly stopped or parked.

Code: 46

Keyword/explanation: Improper backing.

Code: 47

Keyword/explanation: Failed to use a ground guide when required.

Code: 48

Keyword/explanation: Ground guide used improper/incorrect position, signal, or procedure.

Code: 49

Keyword/explanation: Following too close for environmental conditions or vehicle speed/design.

Code: 50

Keyword/explanation: Driving in the wrong lane.

Code: 51

Keyword/explanation: Improper lane change.

Code: 52

Keyword/explanation: Improper braking. Improper placement on the pedal. Too much or too little pressure. Applied too soon or too late.

Code: 53

Keyword/explanation: Improperly shifted/placed gear selector on vehicle or equipment.

Code: 54

Keyword/explanation: Abrupt control/steering response (except while turning).

Code: 55

Keyword/explanation: Improperly mounted or dismounted vehicle/equipment.

Code: 56

Keyword/explanation: Operating vehicle/equipment with known malfunction/unsafe mechanical conditions.

Codes: 57–74 reserved for future use.

**Leader/Supervisory Mistakes/Task Errors** - Errors made by personnel acting in a leader or supervisory capacity in which they failed to execute a task associated with supervisory responsibilities.

Code: 75

Keyword/explanation: Improper personnel selection/assignment. Inexperienced. Untrained. Unlicensed. Impaired, (for example, fatigued).

Code: 76

Keyword/explanation: Knowingly allowed equipment operator to violate procedures.

Code: 77

Keyword/explanation: Failure to ensure proper positioning of personnel prior to vehicle/equipment operation.

Code: 78

Keyword/explanation: Failure to brief or provide adequate information.

Code: 79

Keyword/explanation: Failure to assign responsibilities before or during the mission.

Code: 80

Keyword/explanation: Inadequately/improperly selected site location/termination point, (for example, size, obstacles/environmental hazards/crew experience).

Code: 81

Keyword/explanation: Improperly prepared site location, (for example, type/placement of markers/detection/removal of obstacles/hazards).

Code: 82

Keyword/explanation: Failed to ensure adequate inspection/check of vehicle or equipment (before, during, after operations check) was conducted. Failed to ensure the appropriate checklist or TM to perform the inspection was used.

Code: 83

Keyword/explanation: Failed to conduct adequate pre-mission inspection of personnel or equipment.

Code: 84

Keyword/explanation: Failed to ensure repairs, services, modifications, installations, or maintenance such as lubrication/inspections, were completed in accordance with appropriate TMs and SOPs.

Code: 85

Keyword/explanation: Failed to take appropriate/timely actions to prevent or stop violations of safe operations/procedures; for example, make on the spot corrections.

Code: 86

Keyword/explanation: Failed to enforce use of personal protective equipment.

Code: 87

Keyword/explanation: Inadequate mission planning.

Inadequate time allowed for pre-mission preparation. Set mission start time which did not allow adequate pre-mission preparation.

Set/permitted inappropriate mission start time for environmental/weather conditions.

Mission execution - failure to properly modify the plan or procedure(s) in response to mission events, conditions, or circumstances. Improperly modifying the plan during execution.

Pre-mission planning - failure to choose appropriate options for known conditions and contingencies and develops this into a course of action to maximize probability of mission accomplishment. Risk management, operational, and logistical decisions.

Code: 97

Keyword/explanation: Insufficient information to determine the mistake or task error.

## Example of completed DA Form 285-AB, Page 1 Abbreviated Ground Accident Report (AGAR)

| U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR)<br><small>For use of this form, see and DA Pamphlet 385-40; the proponent agency is OCSA</small>                   |   |   |  |  |  | REQUIREMENTS CONTROL SYMBOL<br>CSOCS-308   |  |   |  |  |  |  |  |
|--|---|---|--|--|--|--|--|---|--|--|--|--|--|
| 1. TIME & DATE OF ACCIDENT   |   | a. Yr 2008  | b. Mth 05  | c. Day 10  | d. Time 0015   | 2. PERIOD OF DAY<br><input type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn |  | 3. ACFT CLASS B   | 4. COMBAT STATUS<br><input type="checkbox"/> Combat <input checked="" type="checkbox"/> Non-Combat |  |  |  |  |
| 5. UNIT IDENTIFICATION   |   | a. UIC (6-digit Code) WBAWB0  |  | b. Unit Address B Co, A-111 BN, Fort Fun, CA 33356               |  |  | c. Unit's Branch TC  |   | d. Army HQ's FORSCOM   |  |  |  |  |
| 6. LOCATION OF ACCIDENT  |   | a. Exact Location<br>Corner of A and B street, Ft. Fun, CA  |  |  |  | b. Type Location<br>B3 (insert code from DA Pam 385-40)  |  | c. Grid Coordinates/Lat-Long<br>MJ123456  |  |  |  |  |  |
| d. State/Country California/USA  |   | e. <input type="checkbox"/> Off Post <input checked="" type="checkbox"/> On Post Name: Ft. Fun, CA. |  |  | 7. EXPLOSIVES/AMMO INVOLVED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |   |  |  |  |  |  |
| 8. MISSION   |   | a. Briefly describe the mission. Off-duty   |  |  |  |  |  | b. METL Task? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |  |  |
| 9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED   |   |   |  |  |  |  |  |   |  |  |  |  |  |
| #1   | a. Type of Item (Nomenclature)                        |   | b. Make/Model #  |  | c. Serial #  |  | d. Ownership   |   | e. Estimated Cost of Damage  |  | f. Vehicle Collision   |  |  |
|  | POV   |   | Honda/Accord 4dr.  |  | VIN #  |  | SGT Smith (POV)  |   | \$0.00   |  | 7 & 6  |  |  |
|  | Materiel Failure/Malfunction Information (Blks 9g-9l) |   |  |  |  |  |  |   |  |  |  |  |  |
|  | g. Failure Mode                                       |   | h. Part Nomenclature   |  | i. Part #  |  | j. Part NSN  |   | k. Part Manufacturer Code  |  | l. EIR/QDR Submitted<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| #2   | a. Type of Item (Nomenclature)                        |   | b. Make/Model #  |  | c. Serial #  |  | d. Ownership   |   | e. Estimated Cost of Damage  |  | f. Vehicle Collision   |  |  |
|  |   |   |  |  |  |  |  |   |  |  |  |  |  |
|  | Materiel Failure/Malfunction Information (Blks 9g-9l) |   |  |  |  |  |  |   |  |  |  |  |  |
|  | g. Failure Mode                                       |   | h. Part Nomenclature   |  | i. Part #  |  | j. Part NSN  |   | k. Part Manufacturer Code  |  | l. EIR/QDR Submitted<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| 10. WHY DID THE MATERIEL FAIL/MALFUNCTION? (Check the root causes(s) in Blk 10a. In Blk 10b., explain how the root causes(s) led to the materiel failure/malfunction.) |   |   |  |  |  |  |  |   |  |  |  |  |  |
| a.   |   | LEADER<br>(Not ready, willing, or able to enforce standards)  |  | STDS/PROCEDURES<br>(Not clear, Not practical)                    |  | SUPPORT<br>(Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)   |  |   |  |  | b. Describe how the materiel failed/malfunctioned and explain why (root cause).  |  |  |
| <input type="checkbox"/>   |   | Direct Supervision  |  | <input type="checkbox"/> AR <input type="checkbox"/> SOP         |  | <input type="checkbox"/> Equip/Materiel Improperly Designed  |  | <input type="checkbox"/> Inadequate Manufacture                                   |  |  |  |  |  |
| <input type="checkbox"/>   |   | Unit Command Supervision  |  | <input type="checkbox"/> TM <input type="checkbox"/> Other       |  | <input type="checkbox"/> Equip/Materiel Not Provided   |  | <input type="checkbox"/> Inadequate Maintenance                                   |  |  |  |  |  |
| <input type="checkbox"/>   |   | Higher Command Supervision  |  | <input type="checkbox"/> FM <input type="checkbox"/> None Exists |  | <input type="checkbox"/> Inadequate Facilities/Services  |  | <input type="checkbox"/> Other  |  |  |  |  |  |
| 11a. NAME (Last, First, MI) (Include Address and UIC if different than Blks 5a and 5b.)  |   |   | 12. SSN  |  | 13a. PERSONNEL CLASSIFICATION  |  | 13b. DATE ASSIGNED/HIRED (YYYYMMDD)  |   |  |  |  |  |  |
| Smith, Joey K.   |   |   | 111-22-2333  |  | A  |  | 20061112   |   |  |  |  |  |  |
| 11b. HOME ADDRESS  |   |   | 13c. DATE OF REDEPLOYMENT FROM COMBAT ZONE, IF APPLICABLE (YYYYMMDD) |  | 14. MOS/JOB SERIES   |  | 15a. DUTY STATUS   |   | 15b. IF OFF DUTY (if on leave/pass)  |  |  |  |  |
|  |   |   | 20070922   |  | 88P20  |  | <input type="checkbox"/> On-duty<br><input checked="" type="checkbox"/> Off-duty |   | <input type="checkbox"/> Leave<br><input checked="" type="checkbox"/> Pass                         |  | Date from (YYYYMMDD)<br>20080509<br>Date to (YYYYMMDD)<br>20080512               |  |  |
| 8900 K Street<br>Arroyo, CA 31111  |   |   | 16. DOB (YYYYMMDD)   |  | 17. GENDER   |  | 18. PAY GRADE  |   | 19. FLIGHT STATUS  |  |  |  |  |
|  |   |   | 19830110   |  | M  |  | E-5  |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  |  |  |  |

## Example of completed DA Form 285-AB, Page 2

|   |   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| 20. MOST SEVERE INJURY (See Instructions)   |   | a. Degree <u>C</u>   | Date of Death (YYYYMMDD)                     | b. Type <u>F</u>   | c. Body Part <u>B</u>  | d. Cause <u>A</u>  |  |
| 21. LOST TIME   |   | ACTIVITY OF INDIVIDUAL Provide code (from list in instructions) and describe in space below. |  |  |  |  |  |
| a. Days Hospitalized  | 90  | 23. ACTIVITY CODE (If activity is parachuting, complete Blk 38)<br><br><u>P</u>              |  | 24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK<br><br>Service member was operating his POV at the time of the accident.                                     |  |  |  |
| b. Days lost not Hospitalized   | 30  |  |  |  |  |  |  |
| c. Days Restricted  | 180   |  |  |  |  |  |  |
| d. Treated in ER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |  |  |  |  |  |
| 22a. OSHA Log 300 Case No.  |   |  |  | 26. ALCOHOL/DRUGS CAUSE/CONT<br><input checked="" type="checkbox"/> Yes BAC % <u>0.09</u> <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |  |
| b. Name of Physician  |   |  |  | 27. EQUIP THIS PERSON WAS ASSOCIATED WITH?<br>(Enter Item No. from Blk 9)<br><u>#1</u>   |  |  |  |
| c. Name and Address of Treatment Facility   |   |  |  | 28a. LICENSED TO OPERATE EQUIPMENT<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                 |  |  |  |
| 26. PERSONAL PROTECTIVE EQUIPMENT   |   |  |  | 28b. MANDATORY 4hr TRAFFIC SAFETY TRAINING<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: <u>20080122</u>        |  |  |  |
| CHECK APPROPRIATE BLOCK(S)  |   | AVAILABLE?   |  | USED?  |  | N/A  |  |
|   |   | Yes  | No   | Yes  | No   |  |  |
| <input checked="" type="checkbox"/>   | a. Seat Belt  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>                     | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   |  |
| <input type="checkbox"/>  | b. Goggles/glasses/visor  | <input type="checkbox"/>   | <input type="checkbox"/>                     | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| <input type="checkbox"/>  | c. Gloves   | <input type="checkbox"/>   | <input type="checkbox"/>                     | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| <input type="checkbox"/>  | d. Ear Plugs  | <input type="checkbox"/>   | <input type="checkbox"/>                     | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| <input type="checkbox"/>  | e. IBA  | <input type="checkbox"/>   | <input type="checkbox"/>                     | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| <input type="checkbox"/>  | f. Other (Specify)  | <input type="checkbox"/>   | <input type="checkbox"/>                     | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| <input type="checkbox"/>  | g. Helmet   | <input type="checkbox"/>   | <input type="checkbox"/>                     | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| DOT Approved (if Motorcycle)? Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |  |  | 28c. MSF CERTIFIED<br><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____   |  | 29. DUTY HOURS<br>a. Time work began (e.g., 0645): <u>0605</u><br>b. Continuous hours: <u>12</u> |  |
| 34. FIELD EXERCISE/NAMED OPERATION<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, provide name: _____   |   | 30. HRS SLEEP LAST 24<br><u>4</u>  |  | 31. TACTICAL TRAINING<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | 32. TYPE TRAINING FACILITY   |  |
|   |   |  |  | 33. LAST TRAINING  |  |  |  |
| 35. NIGHT VISION SYSTEM USED<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, provide type: _____   |   |  |  |  |  |  |  |
| 36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT OR SEVERITY OF INJURY/DAMAGE? In Blk a, indicate if individual made a mistake. If yes, provide the code (from instructions) in Blk b and describe in Blk c. |   |  |  |  |  |  |  |
| a. Mistake<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | c. Tell what the mistake was and how it caused/contributed to the accident or severity of injury/damage.<br>Service member (SM) traveled at excessive speed in contravention to the posted speed limit. The SM was traveling approximately 60-70 MPH in a 30 MPH zone. Driver was unable to control vehicle on the curving road. Soldier failed to utilize his seatbelt. Soldiers team chief failed to utilize CRM and brief them prior to departure from job site. (Multiple codes in block 36b require multiple findings, attach continuation sheets and additional AGARs as needed.) |  |  |  |  |  |  |
| b. Code<br><u>04,05,21,40</u>   |   |  |  |  |  |  |  |
| 37. WHY WAS THE MISTAKE MADE? (ROOT CAUSE) (Check the root cause(s) in Blk a. In Blk b, tell how the root cause(s) led to the mistake.)   |   |  |  |  |  |  |  |
| a.  | LEADER<br>(Not ready, willing, or able to enforce standards)  | TRAINING<br>(Insufficient in Content/Amount)   | STDS/PROCEDURES<br>(Not clear/Not practical) |  | SUPPORT<br>(Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities) |  | INDIVIDUAL<br>(Mistake due to own personal factors)  |
| <input checked="" type="checkbox"/>   | Direct Supervision  | <input type="checkbox"/> School  | <input type="checkbox"/> AR                  | <input type="checkbox"/> SOP   | <input type="checkbox"/> Equip/Materiel Improperly Designed  | <input type="checkbox"/> Inadequate Manufacture  | <input type="checkbox"/> Poor/Bad Attitude <input checked="" type="checkbox"/> Fatigue               |
| <input type="checkbox"/>  | Unit Command Supervision  | <input type="checkbox"/> Unit  | <input type="checkbox"/> TM                  | <input type="checkbox"/> Other   | <input type="checkbox"/> Equip/Materiel Not Provided   | <input type="checkbox"/> Inadequate Maintenance  | <input checked="" type="checkbox"/> Overconfident <input checked="" type="checkbox"/> Alcohol, Drugs |
| <input type="checkbox"/>  | Higher Command Supervision  | <input type="checkbox"/> Experience, OJT   | <input type="checkbox"/> FM                  | <input type="checkbox"/> None exists   | <input type="checkbox"/> Inadequate Facilities/Services  | <input type="checkbox"/> Other   | <input checked="" type="checkbox"/> In a Hurry <input type="checkbox"/> Fear/Excitement              |



## Example of completed DA Form 285-AB, Page 1, Civilian Example

| U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR)<br>For use of this form, see and DA Pamphlet 385-40; the proponent agency is OCSA                                  |   |  |   |  |              | REQUIREMENTS CONTROL SYMBOL<br>CSOCS-308   |  |   |   |  |   |
|--|---|--|---|--|--------------|--|--|---|---|--|---|
| 1. TIME & DATE OF ACCIDENT   |   | a. Yr 2008   | b. Mth 07   | c. Day 21  | d. Time 1033 | 2. PERIOD OF DAY<br><input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn |  | 3. ACDT CLASS C   | 4. COMBAT STATUS <input type="checkbox"/> Combat <input checked="" type="checkbox"/> Non-Combat |  |   |
| 5. UNIT IDENTIFICATION   |   | a. UIC (6-digit Code) WXMSA0   |   | b. Unit Address 44th Engineer BN, Ft. Bragg, NC XXXXX                  |              | c. Unit's Branch EN  |  | 5d. Army HQ's FORSCOM   |   |  |   |
| 6. LOCATION OF ACCIDENT  |   | a. Exact Location<br>EOD Urban Training Facility, Range 99 - R5311                     |   |  |              | b. Type Location<br>D9   |  | 6c. Grid Coordinates/Lat-Long<br>38S1911321245                                    |   |  |   |
| d. State/Country Fayetteville  |   |  | e. <input type="checkbox"/> Off Post <input checked="" type="checkbox"/> On Post Name: Fort Bragg, NC |  |              |  | 7. EXPLOSIVES/AMMO INVOLVED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |   |  |   |
| 8. MISSION   |   | a. Briefly describe the mission. Setting up EOD training house for next day operations |   |  |              |  |  | b. METL Task? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |  |   |
| 9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED   |   |  |   |  |              |  |  |   |   |  |   |
| #1   | a. Type of Item (Nomenclature)                        |  | b. Make/Model #   |  | c. Serial #  |  | d. Ownership   |   | e. Estimated Cost of Damage   |  | f. Vehicle Collision  |
|  | Hand grenade  |  | MK2 FRAG  |  | Unknown      |  | US Army  |   |   |  | NA  |
|  | Materiel Failure/Malfunction Information (Blks 9g-9l) |  |   |  |              |  |  |   |   |  |   |
|  | g. Failure Mode                                       |  | h. Part Nomenclature  |  | i. Part #    |  | j. Part NSN  |   | k. Part Manufacturer Code   |  | l. EIR/QDR Submitted  |
|  | M07   |  | Grenade Hand, Frag MK2  |  | MIL-G-20562  |  | NSN 1330-00-028-5837   |   |   |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| #2   | a. Type of Item (Nomenclature)                        |  | b. Make/Model #   |  | c. Serial #  |  | d. Ownership   |   | e. Estimated Cost of Damage   |  | f. Vehicle Collision  |
|  | EOD Urban Training Facility                           |  | Locally built   |  |              |  | DA   |   | \$26,852.00   |  |   |
|  | Materiel Failure/Malfunction Information (Blks 9g-9l) |  |   |  |              |  |  |   |   |  |   |
|  | g. Failure Mode                                       |  | h. Part Nomenclature  |  | i. Part #    |  | j. Part NSN  |   | k. Part Manufacturer Code   |  | l. EIR/QDR Submitted  |
|  | M15   |  |   |  |              |  |  |   |   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 10. WHY DID THE MATERIEL FAIL/MALFUNCTION? (Check the root causes(s) in Blk 10a. In Blk 10b., explain how the root causes(s) led to the materiel failure/malfunction.) |   |  |   |  |              | b. Describe how the materiel failed/malfunctioned and explain why (root cause).  |  |   |   |  |   |
| a.   |   | LEADER<br>(Not ready, willing, or able to enforce standards)                           |   | STDS/PROCEDURES<br>(Not clear, Not practical)                          |              | SUPPORT<br>(Short comings in type, capability, amount or condition of equip/supplies/services/facilities)  |  |   |   | Grenade failed on initial use and failed to explode, and was not recovered. Dud grenade exploded while performing repairs on training facility. Worker was injured and portions of the facility failed to work as designed. Facility will need repairs before further use is authorized. |   |
| <input type="checkbox"/> Direct Supervision  |   | <input type="checkbox"/> AR <input type="checkbox"/> SOP                               |   | <input checked="" type="checkbox"/> Equip/Materiel Improperly Designed |              | <input type="checkbox"/> Inadequate Manufacture  |  |   |   |  |   |
| <input type="checkbox"/> Unit Command Supervision  |   | <input type="checkbox"/> TM <input type="checkbox"/> Other                             |   | <input type="checkbox"/> Equip/Materiel Not Provided                   |              | <input type="checkbox"/> Inadequate Maintenance  |  |   |   |  |   |
| <input type="checkbox"/> Higher Command Supervision  |   | <input type="checkbox"/> FM <input type="checkbox"/> None Exists                       |   | <input type="checkbox"/> Inadequate Facilities/Services                |              | <input checked="" type="checkbox"/> Other  |  |   |   |  |   |
| 11a. NAME (Last, First, MI) (include Address and UIC if different than Blks 5a and 5b.)  |   |  | 12. SSN   |  |              | 13a. PERSONNEL CLASSIFICATION  |  |   | 13b. DATE ASSIGNED/HIRED (YYYYMMDD)   |  |   |
| Pacwa, Roger I.<br>Bldg 4905, Smoke Bomb Hill<br>Ft. Bragg, NC WAMSA0  |   |  | 321-45-0987   |  |              | B  |  |   | 20010613  |  |   |
| 11b. HOME ADDRESS  |   |  | 13c. DATE OF REDEPLOYMENT FROM COMBAT ZONE, IF APPLICABLE (YYYYMMDD)                                  |  |              | 14. MOS/JOB SERIES   |  | 15a. DUTY STATUS  |   | 15b. IF OFF DUTY (if on leave/pass)  |   |
| 123 Albacom Ln.<br>Spring Lake, NC 23344   |   |  |   |  |              | GS-0802  |  | <input checked="" type="checkbox"/> On-duty<br><input type="checkbox"/> Off-duty  |   | <input type="checkbox"/> Leave<br><input type="checkbox"/> Pass<br>Date from (YYYYMMDD)<br>Date to (YYYYMMDD)  |   |
|  |   |  | 16. DOB (YYYYMMDD)  |  | 17. GENDER   |  | 18. PAY GRADE  |   | 19. FLIGHT STATUS   |  |   |
|  |   |  | 19491212  |  | M            |  | GS-9   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             |  |   |

## Example of completed DA Form 285-AB, Page 2 Civilian Example

|   |  |  |  |   |  |                                     |  |  |  |   |  |
|---|--|--|--|---|--|-------------------------------------|--|--|--|---|--|
| 20. MOST SEVERE INJURY (See Instructions)   |  | a. Degree <u>d</u> Date of Death (YYYYMMDD)  |  | b. Type <u>F, K, M</u>  |  | c. Body Part <u>O, M, H</u>         |  | d. Cause <u>B</u>  |  |   |  |
| 21. LOST TIME   |  | ACTIVITY OF INDIVIDUAL Provide code (from list in instructions) and describe in space below.   |  |   |  |                                     |  |  |  |   |  |
| a. Days Hospitalized <u>12</u><br>b. Days lost not Hospitalized <u>30</u><br>c. Days Restricted <u>90</u><br>d. Treated in ER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 |  | 23. ACTIVITY CODE (If activity is parachuting, complete Blk 38)<br><br>R   |  | 24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK<br>Setting up the BOD explosive training facility for next day training operations. |  |                                     |  |  |  |   |  |
| 22a. OSHA Log 300 Case No. <u>24</u>  |  |  |  |   |  |                                     |  |  |  |   |  |
| b. Name of Physician <u>Dr. Rashish</u>   |  |  |  |   |  |                                     |  |  |  |   |  |
| c. Name and Address of Treatment Facility<br><u>Fayetteville Hospital<br/>Owen Drive and All American</u>   |  |  |  |   |  |                                     |  |  |  |   |  |
| 25. PERSONAL PROTECTIVE EQUIPMENT   |  | AVAILABLE?   |  | USED?   |  | N/A                                 |  | 26. ALCOHOL/DRUGS CAUSE/CONT   |  | 27. EQUIP THIS PERSON WAS ASSOCIATED WITH?  |  |
| CHECK APPROPRIATE BLOCK(S)  |  | Yes No   |  | Yes No  |  |                                     |  | <input type="checkbox"/> Yes BAC % _____ <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |  | (Enter Item No. from Blk 9)   |  |
| <input type="checkbox"/> a. Seat Belt   |  | <input type="checkbox"/> <input type="checkbox"/>  |  | <input type="checkbox"/> <input type="checkbox"/>   |  | <input checked="" type="checkbox"/> |  |  |  | #1, #2  |  |
| <input type="checkbox"/> b. Restraint System  |  | <input type="checkbox"/> <input type="checkbox"/>  |  | <input type="checkbox"/> <input type="checkbox"/>   |  | <input checked="" type="checkbox"/> |  | 28a. LICENSED TO OPERATE EQUIPMENT   |  | 28b. MANDATORY 4hr TRAFFIC SAFETY TRAINING  |  |
| <input checked="" type="checkbox"/> c. Goggles/glasses/visor  |  | <input checked="" type="checkbox"/> <input type="checkbox"/>   |  | <input checked="" type="checkbox"/> <input type="checkbox"/>  |  | <input type="checkbox"/>            |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                 |  | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____              |  |
| <input checked="" type="checkbox"/> d. Gloves   |  | <input checked="" type="checkbox"/> <input type="checkbox"/>   |  | <input checked="" type="checkbox"/> <input type="checkbox"/>  |  | <input type="checkbox"/>            |  | 28c. MSF CERTIFIED   |  | 29. DUTY HOURS  |  |
| <input checked="" type="checkbox"/> e. Ear Plugs  |  | <input checked="" type="checkbox"/> <input type="checkbox"/>   |  | <input type="checkbox"/> <input checked="" type="checkbox"/>  |  | <input type="checkbox"/>            |  | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____                                     |  | a. Time work began (e.g., 0645): <u>0730</u><br>b. Continuous hours: <u>3 hrs</u>         |  |
| <input type="checkbox"/> f. IBA   |  | <input type="checkbox"/> <input type="checkbox"/>  |  | <input type="checkbox"/> <input type="checkbox"/>   |  | <input checked="" type="checkbox"/> |  |  |  |   |  |
| <input checked="" type="checkbox"/> g. Other (Specify) <u>Hard Hat</u>  |  | <input checked="" type="checkbox"/> <input type="checkbox"/>   |  | <input checked="" type="checkbox"/> <input type="checkbox"/>  |  | <input type="checkbox"/>            |  | 30. HRS SLEEP LAST 24  |  | 31. TACTICAL TRAINING   |  |
| <input checked="" type="checkbox"/> h. Helmet   |  | <input checked="" type="checkbox"/> <input type="checkbox"/>   |  | <input checked="" type="checkbox"/> <input type="checkbox"/>  |  | <input type="checkbox"/>            |  | <u>7</u>   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                       |  |
| <input checked="" type="checkbox"/> DOT Approved (if Motorcycle)? Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |  |  |   |  |                                     |  |  |  | 32. TYPE TRAINING FACILITY  |  |
|   |  |  |  |   |  |                                     |  |  |  | B/G   |  |
|   |  |  |  |   |  |                                     |  |  |  | 33. LAST TRAINING   |  |
|   |  |  |  |   |  |                                     |  |  |  | 8 months ago  |  |
| 34. FIELD EXERCISE/NAMED OPERATION  |  | 35. NIGHT VISION SYSTEM USED   |  |   |  |                                     |  |  |  |   |  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, provide name: _____   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, provide type: _____  |  |   |  |                                     |  |  |  |   |  |
| 36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT OR SEVERITY OF INJURY/DAMAGE? In Blk a, indicate if individual made a mistake. If yes, provide the code (from instructions) in Blk b and describe in Blk c. |  |  |  |   |  |                                     |  |  |  |   |  |
| a. Mistake  |  | c. Tell what the mistake was and how it caused/contributed to the accident or severity of injury/damage.   |  |   |  |                                     |  |  |  |   |  |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | Improper planning for execution of work to be accomplished. Individual failed to visually check/inspect the work area prior to conducting site setup at the bomb training facility. Upon moving internal structure within room 6a, an UXO fell and exploded. Building and rooms should have been physically and visually inspected prior to work. Training facility did not meet the structural requirements needed for the safety of personnel. |  |   |  |                                     |  |  |  |   |  |
| b. Code   |  |  |  |   |  |                                     |  |  |  |   |  |
| <u>01, 03, M15</u>  |  |  |  |   |  |                                     |  |  |  |   |  |
| 37. WHY WAS THE MISTAKE MADE? (ROOT CAUSE) (Check the root cause(s) in Blk a. In Blk b, tell how the root cause(s) led to the mistake.)   |  |  |  |   |  |                                     |  |  |  |   |  |
| a.  | LEADER<br>(Not ready, willing, or able to enforce standards) |  | TRAINING<br>(Insufficient in Content/Amount) |   | STDS/PROCEDURES<br>(Not clear/Not practical)                     |                                     | SUPPORT<br>(Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities) |  |  | INDIVIDUAL<br>(Mistake due to own personal factors)                                       |  |
| <input checked="" type="checkbox"/>   | Direct Supervision   |  | <input type="checkbox"/> School              |   | <input type="checkbox"/> AR <input type="checkbox"/> SOP         |                                     | <input checked="" type="checkbox"/> Equip/Materiel Improperly Designed                                   |  |  | <input type="checkbox"/> Inadequate Manufacture   |  |
| <input type="checkbox"/>  | Unit Command Supervision                                     |  | <input type="checkbox"/> Unit                |   | <input type="checkbox"/> TM <input type="checkbox"/> Other       |                                     | <input type="checkbox"/> Equip/Materiel Not Provided   |  |  | <input type="checkbox"/> Inadequate Maintenance   |  |
| <input type="checkbox"/>  | Higher Command Supervision                                   |  | <input type="checkbox"/> Experience, OJT     |   | <input type="checkbox"/> FM <input type="checkbox"/> None exists |                                     | <input type="checkbox"/> Inadequate Facilities/Services  |  |  | <input checked="" type="checkbox"/> Other   |  |
|   |  |  |  |   |  |                                     |  |  |  | <input type="checkbox"/> Poor/Bad Attitude <input type="checkbox"/> Fatigue               |  |
|   |  |  |  |   |  |                                     |  |  |  | <input checked="" type="checkbox"/> Overconfident <input type="checkbox"/> Alcohol, Drugs |  |
|   |  |  |  |   |  |                                     |  |  |  | <input checked="" type="checkbox"/> In a Hurry <input type="checkbox"/> Fear/Excitement   |  |

